

1960

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) Crisfield LENGTH OF STAY (in this place) TOWN 1 hour				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield STREET (If rural give location) TOWN W. Main St.			
3. NAME OF DECEASED: (First) CHARLES (Middle) JACOB (Last) ABBOTT				4. DATE OF DEATH: (Month) (Day) (Year) February 8 1955			
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: June 16, 1954	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 0 yrs. 7 months 22 days Hours Min.			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none		10b. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Guilford Abbott				14. MOTHER'S MAIDEN NAME: Jacqueline Sterling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO.: none		17. INFORMANT & ADDRESS: Guilford Abbott—W. Main St.—Crisfield, Md.			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 51.0 Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (a) DUE TO <i>Gastro Enteritis Dehydrated</i> (b) DUE TO <i>Cardiac Complication</i> (c) DUE TO <i>Anemia</i> Interval Between Onset And Death William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER Crisfield, Md.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION <i>Baby was dead before I was called.</i>		20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, shop, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED White at Work <input type="checkbox"/> m.	Not White At Work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>No accident,</i>				
22. I hereby certify that I attended the deceased from 19... to 19..., that I last saw the deceased alive on 19..., and that death occurred at 12:15 a.m. from the causes and on the date stated above. SIGNATURE (Degree or title) <i>W.H. Coulbourn M.D.</i> ADDRESS <i>Crisfield, Md. Feb 8-55</i> AT SIGNED							
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>Feb. 9, 1955</i>	NAME OF CEMETERY OR CREMATORIAL <i>Crisfield Cemetery</i>	LOCATION (City, town, or county) <i>Crisfield, Md.</i>			(State)
DATE REC'D BY LOCAL REGISTRAR <i>2-9-55</i>		REGISTRAR'S SIGNATURE <i>Betty W. Tyler</i>		24. FUNERAL DIRECTOR <i>Bradshaw &amp; Sons—Crisfield, Md.</i>		ADDRESS	

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BUREAU V. S.

FEB 15 1955

1961

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

01948  
Reg. Dist.

**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

No. 261

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset				
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Shelltown		LENGTH OF STAY (In this place) Life		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shelltown		(If rural, give location) /		
HOSPITAL OR INSTITUTION OR STREET ADDRESS								
3. NAME OF DECEASED: (Type or Print)		(First) JOHN	(Middle) HANSON	(Last) CROPPER	4. DATE OF DEATH	(Month) February	(Day) 7	(Year) 1955
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Sept 15, 1887	9. AGE last birthday: 67 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Robert J. Cropper				14. MOTHER'S MAIDEN NAME: Virginia White				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.: None		17. INFORMANT & ADDRESS: Mrs. Olive R. Cropper, Shelltown, Md.				
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  420.1 Immediate cause (a) ... DUE TO <i>Coronary Disease (Thrombosis)</i> Antecedent cause(s) (b) ... Diseases or conditions, if any, giving rise to the above cause DUE TO <i>Arterio Sclerosis</i> stating underlying cause last (c)								
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH								
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County)		(State)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE <i>W. H. Houllbourn</i>								
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 2-9-55		NAME OF CEMETERY OR CREMATORIAL Baptist Cemetery		LOCATION (City, town, or county) Rehoboth, Md. (State)		
DATE REC'D BY LOCAL REG. <i>Feb 9th, 1955.</i>		REGISTRAR'S SIGNATURE <i>Nellie D. Payne</i>		24. FUNERAL DIRECTOR Dennis & Watson, Pocomoke, Md.		ADDRESS <i>ADDRESS</i>		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18011949  
1962

## CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Pocomoke</u>		MARYLAND LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00 Home</u>		STATE <u>Maryland</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Pocomoke</u> STREET ADDRESS (If rural give location) <u>R.F.D. 1</u>	
3. NAME OF DECEASED: (First) <u>SALLIE ANN DENNIS</u> (Middle) <u></u> (Last) <u></u> (Type or Print)		4. DATE OF DEATH: <u>Feb. 6th 1955</u> (Month) <u></u> (Day) <u></u> (Year) <u></u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE <u>Col.</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>		8. DATE OF BIRTH: <u>May 6, 1887</u>	
9. AGE last birthday: yrs. <u>67</u>		10. IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. <u>Domestic Housework</u>		11. KIND OF BUSINESS OR INDUSTRY: <u></u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME: <u>Walter Collins</u>	
14. MOTHER'S Maiden NAME: <u>Alice Hogan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service) <u></u>	
16. SOCIAL SECURITY NO.: <u></u>		17. INFORMANT & ADDRESS: <u>Alice Crapper Pocomoke, Md.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> Immediate cause (a) <u>Cerebral Hemorrhage</u> DUE TO Antecedent causes (s) (b) <u>Arterio-sclerotic Cardio-</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>Vascular Disease</u> DUE TO <u>5 days</u> Interval Between Onset And Death			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: <u></u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u> (CITY OR TOWN) <u></u> (COUNTY) <u></u> (STATE) <u></u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input checked="" type="checkbox"/> m. <u></u>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1950</u> , 19 <u>55</u> , to <u>2/6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/6</u> , 19 <u>55</u> , and that death occurred at <u>10 AM</u> from the causes and on the date stated above. SIGNATURE <u>Louis S. Clemency, M.D.</u> ADDRESS <u>Pocomoke City</u> DATE SIGNED <u>2/7/55</u> (Degree or title)			
23. BURIAL, CREMATION, REMOVALS (Specify) <u>Burial</u>		DATE THEREOF <u>2-10-55</u> NAME OF CEMETERY OR CREMATORIAL <u>St. James</u> LOCATION (City, town, or county) <u>Pocomoke</u> (State) <u>md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>2/8/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Belle Bynum</u> 24. FUNERAL DIRECTOR ADDRESS <u>Edgar Wharton-Newchurch, Va.</u>	

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STATE DEPARTMENT OF HEALTH

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## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Eden</i>		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Eden</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>oo</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Eden</i>	
3. NAME OF DECEASED (Type or Print) <i>Jolbert</i>		4. DATE OF DEATH <i>Feb. 3, 1955</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Cal.</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>July 17, 1878</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>no Laborer on Railroad</i>		9. AGE last birthday If under 1 year Months <i>76</i> Days <i>17</i> Hours <i>00</i> Min.	
13. FATHER'S NAME <i>Julius Donohue</i>		11. BIRTHPLACE (State or foreign country) <i>Eden Somerset Md</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S.</i>	
16. SOCIAL SECURITY NO. <i>no</i>		14. MOTHER'S MAIDEN NAME <i>Annie Christopher</i>	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>422.2</i> Immediate cause <i>Pulmonary Edema</i> (a) Antecedent cause(s) <i>Cardiac Insufficiency</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Chronic Myocarditis</i> (b) (c)		19. DATE OF OPERATION <i>None</i> 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION <i>None</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE <i>—</i> HOMICIDE <i>—</i>		22. DATE (Month) (Day) (Year) (Hour) OF INJURY <i>1/30/44</i> INJURY OCCURRED m. While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
PLACE (Home, farm, factory, street, office bldg., etc.) <i>Eden</i>		(CITY OR TOWN) <i>Eden</i> (COUNTY) <i>Somerset</i> (STATE) <i>Md.</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>1/30/44</i>		HOW DID INJURY OCCUR? <i>fall</i>	
22. I hereby certify that I attended the deceased from <i>Feb 4, 1945</i> to <i>Feb 5, 1955</i> , that I last saw the deceased alive on <i>Feb 4, 1955</i> , and that death occurred at <i>7:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>B. Frank Gidant Md.</i> (Degree or title) <i>ADDRESS</i> <i>20 Princess Anne Md</i> DATE SIGNED <i>Feb 8, 1955</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		NAME OF CEMETERY OR CREMATORIAL <i>Flower Hill</i> LOCATION (City, town, or county) <i>Eden, Md. Somerset</i> (State) <i>Md.</i>	
DATE REC'D BY LOCAL REG. <i>2/9/55</i>		24. FUNERAL DIRECTOR ADDRESS <i>R. D. Johnson, M.D. Charles H. Ward - Marion Sta., Md.</i>	
REG. <i>2/9/55</i>		25. FUNERAL DIRECTOR ADDRESS <i>Box 235</i>	

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FEB 14 1965

1969

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

COUNTY **Somerset** MARYLAND  
 CITY (If outside corporate limits, write RURAL or and give nearest town)  
 39 TOWN **Crisfield** LENGTH OF STAY (in this place)  
 HOSPITAL OR 52 yrs.  
 INSTITUTION OR  
 STREET ADDRESS **Cove Street**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Somerset**  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN **Crisfield** 39  
 STREET ADDRESS (If rural give location)  
**Cove Street**

## 3. NAME OF DECEASED:

(First) **Fannie** (Middle) **May**(Last) **Gerald**4. DATE (Month) (Day) (Year)  
 OF DEATH: **Feb. 17, 1955**

## 5. SEX:

6. COLOR OR RACE: **Female** **White**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): **Widow**8. DATE OF BIRTH: **June , 1883**9. AGE last birthday: **71 yrs.** IF UNDER 1 YEAR **8 months** IF UNDER 24 HRS.  
**8 days** Hours **55 min.**10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): **Accomac County, Virginia** 12. CITIZEN OF WHAT COUNTRY? **USA**

## 13. FATHER'S NAME:

**William S. Scott**

## 14. MOTHER'S MAIDEN NAME:

**Deliah Crosley**15. WAS DECEASED EVER IN U.S. ARMEED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO.:

17. INFORMANT &amp; ADDRESS:

**None****Mrs. Carrol Jockel, 10 W. Barre, Balto. Md.**

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**420.1**  
Immediate cause

(a) DUE TO

**Coronary Disease (occlusion)**Interval Between  
Onset And DeathAntecedent causes (s)  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

**arterio sclerosis**

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 21. ACCIDENT (Specify)  
SUICIDE  
HOMICIDE

PLACE (Home, farm, factory, street, of office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at Work  Not While At Work 

HOW DID INJURY OCCUR?

22. I hereby certify that I last saw the deceased **alive on Feb. 18, 1955**, from the causes and on the date stated above.Signature **Betty W. Tyler** Degree or title **REGISTRAR** ADDRESS **Crisfield, Md.** DATE SIGNED **Feb. 18, 1955**23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)  
REMOVAL (Specify) **Burial** **Feb. 19, 1955** **Sunny Ridge** **Crisfield, Md.**DATE RECD BY LOCAL REGISTRAR'S SIGNATURE **2/18/55** **Betty W. Tyler** 24. FUNERAL DIRECTOR ADDRESS  
REGISTRAR **Burward Q. Covington, Crisfield, Md.**

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FEB 21 1955

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1964

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCreedy Hospital		STREET ADDRESS 12 Main Street	
3. NAME OF DECEASED: (First (Middle) (Type or Print) Josephine Cullen Hall		4. DATE OF DEATH: Feb. 13, 1955	
5. SEX: Female 6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	
8. DATE OF BIRTH: June 21, 1876		9. AGE last birthday: 78 yrs.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jacob B. Cullen		14. MOTHER'S MAIDEN NAME: Melissa Ward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: None	
17. INFORMANT & ADDRESS: Mrs. Nicholas Riggan, Wilmington, Del.		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X Immediate cause		Cerebral thrombosis - Multiple attacks since onset in November 22 mo.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		(a) DUE TO Cerebral arteriosclerosis	
		(b) DUE TO	
		(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF INJURY) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov</u> , 1954, to <u>Feb</u> , 1955, that I last saw the deceased alive on <u>Feb 13</u> , 1955 and that death occurred at <u>12:00 AM</u> from the causes and on the date stated above. SIGNATURE (Degree or title) <u>Dr. Ranley M.D.</u>		ADDRESS <u>Crisfield, Md.</u> DATE SIGNED <u>1955</u>	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Burial		NAME OF CEMETERY OR CREMATORIUM Crisfield	
DATE REC'D. BY LOCAL REGISTRAR REGISTRAR 4/15/55		LOCATION (City, town, or county) (State) Crisfield, Md. ADDRESS Dufward & Covington, Crisfield, Md.	
REGISTRAR'S SIGNATURE Betty W. Tiffee		FUNERAL DIRECTOR	

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FEB 2 1955



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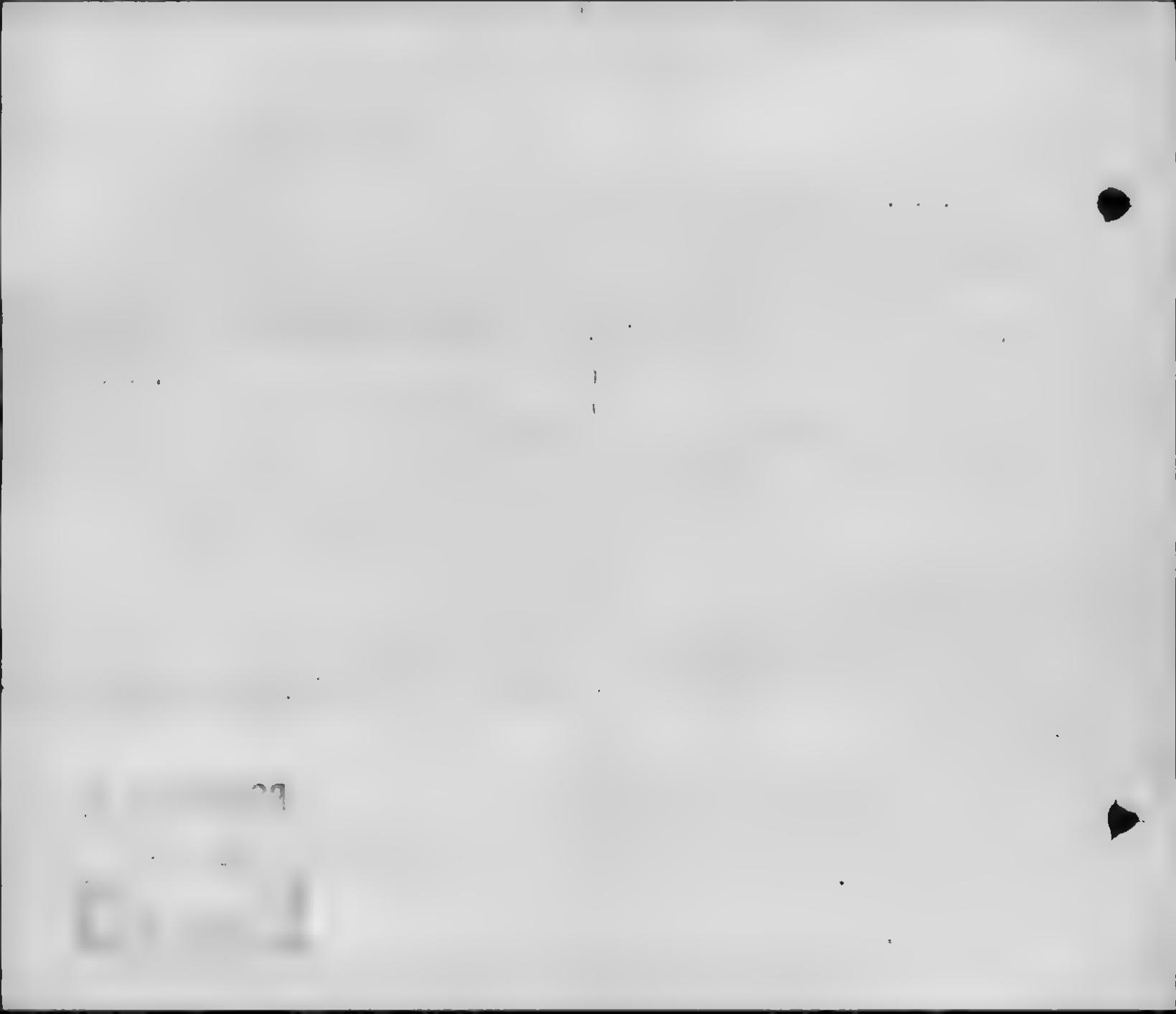
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Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset				
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN R.F.D. #1 Box 65		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN R.F.D. #1 Box 65				
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Home		STREET ADDRESS				
3. NAME OF DECEASED: (Type or Print)		(First) Oscar	(Middle) Payton	(Last) Handy	4. DATE OF DEATH	(Month) February	(Day) 15	(Year) 1955
5. SEX: M. C.		6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Aug. 18 1896	9. AGE last birthday: 58 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer		10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Isaac James Handy		14. MOTHER'S MAIDEN NAME: Maggie Watson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: 216-12-1706	17. INFORMANT & ADDRESS: Anna Porter Pocomoke City, Md.					
18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 4:30 A.M. Acute coronary heart disease								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)..... DUE TO Antecedent cause(s) Diseases or conditions, if any, (b)..... giving rise to the above cause DUE TO stating underlying cause last (c)								
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:						
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town)		(County)	(State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE <i>R. H. Johnson</i>								
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 2/20/55	NAME OF CEMETERY OR CREMATORIAL Tindley Chapel Cem.		LOCATION (City, town, or county) Pocomoke City, Md. (State)			
DATE RECD BY LOCAL REG. 3/28/55		REGISTRAR'S SIGNATURE <i>Mrs. Orville Boyne</i>	24. FUNERAL DIRECTOR <i>Edgar Wharton - New Church, Va.</i>		ADDRESS			





BUREAU V

MAR 3 1955

REG

1971

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield LENGTH OF STAY (in this place) 39 lifetime				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield				
03 HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway				STREET ADDRESS Broadway (If rural give location) 27				
3. NAME OF DECEASED: (First) ROSETTA (Middle) (Last) JONES		4. DATE OF DEATH: (Month) (Day) (Year) February 21, 1955						
5. SEX: female S. COLOR OR RACE: colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed		8. DATE OF BIRTH: Sept. 18, 1881		9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife			10b. KIND OF BUSINESS OR INDUSTRY: Domestic		11. BIRTHPLACE (State or foreign country): Accomack Country, Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Littleton Taylor				14. MOTHER'S MAIDEN NAME: unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO.: —		17. INFORMANT & ADDRESS: Broadway Mrs. Lillian Hall—Crisfield, Md.				
18. MEDICAL CERTIFICATION								
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 31X Immediate cause (a) ... <i>Cerebral Vascular Accident</i> Interval Between Onset And Death 2 weeks Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) ... <i>Hemolyzed Arteriosclerosis</i> ... stating the underlying cause last. (c) ...								
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Insanity. Senile Degeneration</i> 6 mo								
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION						
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>July 15, 1954</i> , to <i>Feb. 22, 1955</i> , that I last saw the deceased alive on <i>Feb. 22, 1955</i> , and that death occurred at <i>6:30 p.m.</i> , from the causes and on the date stated above. SIGNATURE <i>J. P. Barr M.D.</i> ADDRESS <i>Crisfield, Md.</i> DATE SIGNED <i>Feb. 24, 1955</i>								
23. BURIAL, CREMATION, REMOVAL (Specify) burial		DATE THEREOF Feb. 24, 1955		NAME OF CEMETERY OR CREMATORIUM Lawsonia Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.		
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Betty W. Tyler</i>		24. FUNERAL DIRECTOR		ADDRESS Bradshaw & Sons—Main St.—Crisfield, Md.		

S. A. 110000

50.1

12/20/01

1966

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)TOWN Marion StationLENGTH OF STAY  
(in this place)

87 yrs.

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print)(First) Henry (Middle) Upshur (Last) Lankford

5. SEX:

Male

6. COLOR OR  
RACE:7. SINGLE, MARRIED,  
WIDOWED, DIVORCED  
(Specify) Col. Widowed

8. DATE OF BIRTH

March 25, 1867

9. AGE last birthday

87 yrs.

10. UNDER 1 YEAR

Months 10 Days 24

11. UNDER 24 HRS.

Hours 0 Min. 010A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): Farmer10B. KIND OF BUSINESS  
OR INDUSTRY:11. BIRTHPLACE (State or foreign country): Marokin, Som Co. Md.12. CITIZEN OF WHAT  
COUNTRY? U.S.

13. FATHER'S NAME:

George Lankford15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) No (If Yes, give war or dates  
of service)

16. SOCIAL SECURITY NO.

None

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)  
DUE TOCoronary ConditionINTERVAL BETWEEN  
ONSET AND DEATHabout  
24 hrs

## ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(B)  
DUE TOLeishman's Myocarditis & Leishman's  
Int. Nephritisyears

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21B. PLACE (Home, farm, factory,  
street, office bldg., etc.)21E. INJURY OCCURRED  
While  Not while   
at work  at work 21C. WHERE DID (City or town)  
INJURY OCCUR?

(County) (State)

21F. HOW DID INJURY OCCUR?

M.

at intervals

22. I hereby certify that I attended the deceased from Feb 24, 1955, to Feb 24, 1955, that I last saw the deceasedalive on Feb 24, 1955, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

George L. Lankford M.D.Marion Sta. Md2-25-5523. BURIAL, CREMATION, DATE THEREOF  
REMOVAL (SPECIFY)Burial Feb. 28, 1955

NAME OF CEMETERY OR CREMATORIUM

Bronch Cemetery

LOCATION (City, town, or county) (State)

Marion Sta. Som. Co. Md.

DATE REC'D BY LOCAL REGISTRAR

2-25-55

REGISTRAR'S SIGNATURE

Nellie T. Payne

24. FUNERAL DIRECTOR

Charles H. Ward - Marion Sta. Md.

3. A. 01000

1000

1000

1972

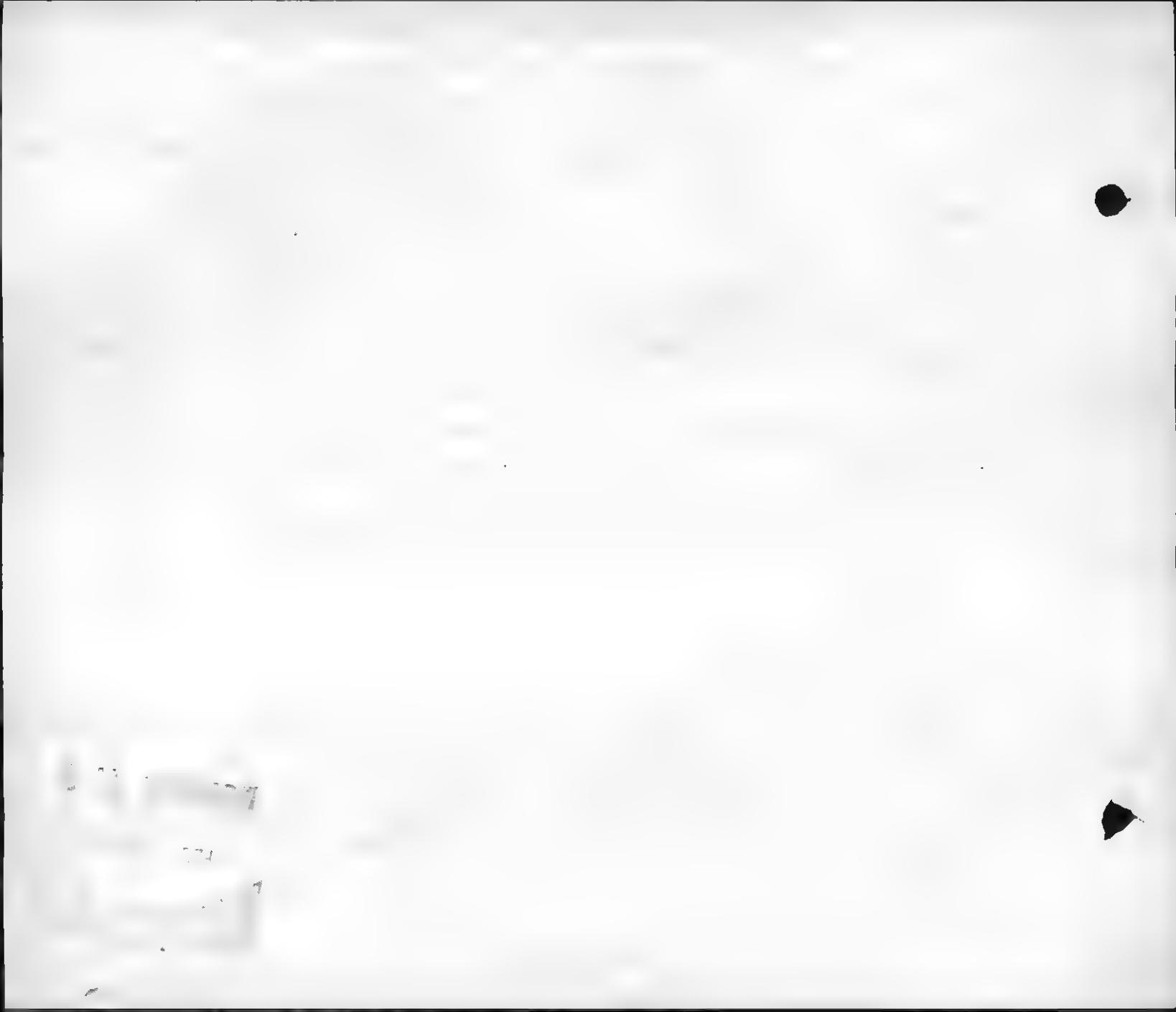
## CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARTIN RISSEKET FON BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY 29	Somerset	MARYLAND	STATE Maryland
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		lifetime	STREET ADDRESS (If rural give location)
Turf St.		Turf St.	
3. NAME OF DECEASED: (Type or Print)	(First) ROBERT	(Middle)	(Last) LADDOX
4. DATE OF DEATH:	(Month) February	(Day) 3	(Year) 1955
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: unknown
9. AGE last birthday: about 70 yrs.	10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): unknown	11. KIND OF BUSINESS OR INDUSTRY: unknown	12. BIRTHPLACE (State or foreign country): unknown
13. FATHER'S NAME: unknown	14. MOTHER'S MAIDEN NAME: unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: —		17. INFORMANT & ADDRESS: Deputy Medical Examiner Dr. Wm. H. Coulbourn—Crisfield, Md.
18. MEDICAL CERTIFICATION			
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>Immediate cause <i>Coronary Disease</i>            Antecedent causes (s) <i>Arteriosclerosis</i>            Diseases or conditions, if any, giving rise to the above cause            stating the underlying cause last <i>Senility</i></p> <p>(a) DUE TO <i>William H. Coulbourn, M.D.</i></p> <p>(b) DUE TO <i>DEPUTY MEDICAL EXAMINER</i></p> <p>(c) DUE TO <i>SOMERSET COUNTY</i></p>			
Interval Between Onset And Death			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION <i>none</i>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)
TIME (Month) OF INJURY <i>No</i>		(Year) m.	(CITY OR TOWN)
INJURY SPECIFY <i>No</i>		INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>none</i>
22. I hereby certify that I attended the deceased from <i>the world</i> , that I last saw the deceased alive on <i>before death</i> , and that death occurred at <i>Crisfield</i> , from the causes and on the date stated above. SIGNATURE <i>W. H. Coulbourn M.D.</i> ADDRESS <i>Crisfield, Md. 218755</i> DATE SIGNED <i>1955</i>			
23. BURIAL, CREMATION, REMOVAL (Specify) burial		DATE THEREOF Feb. 9, 1955	NAME OF CEMETERY OR CREMATORIUM Lawsonia Cemetery
DATE RECD BY LOCAL REGISTRAR 2/8/55		REGISTRAR'S SIGNATURE <i>Betty W. Tyler</i>	LOCATION (City, town, or county) (State) Crisfield, Md.
24. FUNERAL DIRECTOR Bradshaw & Sons—Crisfield, Md.		ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
1967 CERTIFICATE OF DEATH

01957

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland	
COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sackertown Road		STREET ADDRESS Sackertown Road	
3. NAME OF DECEASED: (First) William		4. DATE OF DEATH Feb. 23, 1955	
(Middle) H.		(Month) (Day) (Year) 78 XXX	
(Last) Nelson		5. SEX: Male	
6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	
8. DATE OF BIRTH: Oct. 15, 1876		9. AGE last birthday: IF UNDER 1 YEAR 78 yrs. 4 months 8 days 0 hours 0 min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman		10b. KIND OF BUSINESS OR INDUSTRY: Seafood	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY: USA	
13. FATHER'S NAME: George L. Nelson		14. MOTHER'S MAIDEN NAME: Elizabeth Sterling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: AN-220-09-1294 Susan Nelson, Crisfield, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1876 Immediate cause (a) Inanition. Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last. (b) DUE TO Carcinoma of the Prostate with metastasis (c) DUE TO 7 years. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		(Specify) PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) OF INJURY		(Hour) INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 8, 1955, to Feb 23, 1955, that I last saw the deceased alive on Feb 23, 1955, and that death occurred at 6.30 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED J. N. Barn Jr. D. Crisfield, Md. Feb 28, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF		NAME OF CEMETERY OR CEMATORIUM LOCATION (City, town, or county) (State) Burial Feb. 25, 1955 Asbury Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
2/25/55		Betty W. Taylor	
24. FUNERAL DIRECTOR		ADDRESS Durward Q. Covington, Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DUVAL V. S.

193  
193

MARYLAND

1968

01958

STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY SOMERSET		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY SOMERSET		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN PRINCESS ANNE		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural, give location) /		
3. NAME OF DECEASED (Type or Print)	(First) LEAH	(Middle)	(Last) ROBERTS	
4. SEX FEMALE	5. COLOR OR RACE COLORED	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	7. DATE OF BIRTH 11/12/1872	
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	9. KIND OF BUSINESS OR INDUSTRY HOUSE	10. AGE last birthday 82	11. BIRTHPLACE (State or foreign country) SOMERSET COUNTY MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM JOHN DENNIS	14. MOTHER'S MAIDEN NAME JANE WATERS	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS CONSTON ROBERTS
18. MEDICAL CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2 Immediate cause		B. Bronchitis Pneumonia Antecedent cause(s) Chronic myocarditis		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		C. (c) 6 days 18 mths		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? -	
22. I hereby certify that I attended the deceased from Sept 20, 1953, to Feb 18 <sup>th</sup> , 1955, that I last saw the deceased alive on Feb 18, 1955, and that death occurred at 6:00 p.m., from the causes and on the date stated above. SIGNATURE Eddie G. Malsman M.D. PRINCESS ANNE MD. DATE SIGNED 2-21-55 (Degree or title) ADDRESS				
23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 2/22/55	NAME OF CEMETERY OR CREMATORIAL JOHN WESLEY	LOCATION (City, town, or county) PRINCESS ANNE, MD.	(State)
DATE REC'D BY LOCAL REG. REG. 2/22/55	REG. 2/22/55	REGISTER'S SIGNATURE R. J. JONES, M.D.	24. FUNERAL DIRECTOR REG. 2/22/55	ADDRESS E. J. Clark & Son Funeral Home

BUREAU V. S.

FEB 23 1955

RECEIVED

01959

STATE DEPARTMENT OF HEALTH

MARYLAND 1973

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY 39 <i>Somerset</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 39 <i>Md.</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Crisfield</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Crisfield</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 <i>1148. 4th St.</i>		STREET ADDRESS <i>1148 S. 4th street</i>	
3. NAME OF DECEASED (Type or Print) <i>Joanna</i>		4. DATE OF DEATH <i>Feb. 23</i>	
5. SEX <i>Fe. J. Col.</i>		6. COLOR OR RACE <i>Widowed</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Mar. 3, 1888</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nursery</i>		9. AGE last birthday <i>66 yrs.</i>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Westover</i>	
13. FATHER'S NAME <i>Henry Milbourne</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT AND ADDRESS <i>Bladys Milbourne, 1148. 4th Street</i>		18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>260X</i> Immediate cause <i>Central Thrombosis</i> Antecedent cause(s) <i>Central Arteriosclerosis</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Diabetic Mellitus</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hyper tension Arteriosclerosis</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>7 hrs.</i>	
21. ACCIDENT SUICIDE HOMICIDE		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Specify)		(CITY OR TOWN) <i>(CITY OR TOWN)</i>	
PLACE (Home, farm, factory, street, of office bldg., etc.)		(COUNTY) <i>(COUNTY)</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		(STATE) <i>(STATE)</i>	
m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb. 23</i> , 1955, to <i>Feb. 23</i> , 1955, that I last saw the deceased alive on <i>Feb. 23</i> , 1955, and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above. SIGNATURE <i>John W. Peyton</i> ADDRESS <i>22. 8 Crisfield, Md.</i> DATE SIGNED <i>Feb. 27, 1955</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE <i>Feb. 27, 1955</i>	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>Lawsonia Crisfield, Somerset Co., Md.</i>			
DATE REC'D BY LOCAL REG. <i>2/27/55</i>		REG. <i>Betty W. T. Lee</i>	
REG. <i>2/27/55</i>		24. FUNERAL DIRECTOR ADDRESS <i>Charles H. Wall, Marion St., Md.</i>	
REG. <i>Betty W. T. Lee</i>		ADDRESS <i>Charles H. Wall, Marion St., Md.</i>	

BUREAU V. S.

MAR 7 1965

RECEIVED